

IN RESERVED FOR RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>165</u>
District of	<u>Copper Hill</u>	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>426</u>
Town of			Local Registrar No. _____
or			St. _____ Ward _____
City of	<u>Mr Albert Blondon</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.	
2. Full name of child			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>M</u>			<u>Y</u>
6. Date of birth	7. Month	8. day	9. year
	<u>5</u>	<u>26</u>	<u>24</u>
FATHER		MOTHER	
10. Full name	<u>Mr Alexander Blondon</u>	11. Full maiden name	<u>Cora Scarborough</u>
12. Residence (Usual place of abode)	<u>Copper Hill</u>	13. Residence (Usual place of abode)	<u>B Copper Hill</u>
If nonresident, give place and state		If nonresident, give place and state	<u>Ariz</u>
14. Color or race	<u>W</u>	15. Color or race	<u>W</u>
16. Age at last birthday	<u>45</u> (Years)	17. Age at last birthday	<u>37</u> (Years)
18. Birthplace (city or place)	<u>Brookton Count</u>	19. Birthplace (city or place)	<u>Bee County</u>
(State or country)	<u>Maine</u>	(State or country)	<u>Tx</u>
20. Occupation	<u>Mechanic</u>	21. Occupation	<u>Housewife</u>
Nature of industry	<u>Auto Engine - Mine</u>	Nature of industry	
22. Number of children of this mother	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		
(Taken as of time of birth of child herein certified and including this child.)	23. Were precautions taken against ophthalmia neonatorum? <u>Y</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1</u> p.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>M. W. Horst</u> (Physician or midwife)	
Given name added from supplemental report		Address _____	
Month, day, year.		Filed <u>5-30</u> 19 <u>24</u> <u>Q. S. G. I. A.</u> Local Registrar.	
Registrar.		Filed <u>6-5</u> 19 <u>24</u> <u>Q. S. G. I. A.</u> County Registrar.	

625-526-328